



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

HEALTHTRUST LLC
PO BOX 89008
HOUSTON TX 77289

Respondent Name

LUMBERMENS UNDERWRITING ALLIANCE

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-11-2491-01

MFDR Date Received

March 24, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The carrier is refusing to pay the remaining balance on these claims. They did not meet the minimum fee requirements for these two dates of service. On the other 8 sessions, the insurance carrier paid the correct amount however on these two days, they are refusing to pay. They denied one date of service saying it was a duplicate bill, however in the letter sent to the insurance provider it clearly stated the purpose of the resubmissions as well as on the HCFA, the RECONSIDERATION stamp was on the form."

Amount in Dispute: \$1,888.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider filed a request for medical dispute resolution for dates [sic] of service January 29 and 29, 2008. The provider billed \$3,170.00. The provider was reimbursed the sum of \$1232.00. The provider is seeking an additional \$1,888.00. The carrier processed the medical bill on February 8, 2010 and on December 3, 2010. The carrier's position remains consistent with its EOBs."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 28, 2010 and January 29, 2010	97799-CP	\$1,888.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.

2. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- B13 – Payment for service may have been previously paid
- R1 – Duplicate billing
- 216 – Based on the findings of a review organization
- ODG – Service exceed ODG guidelines; preauth is required
- W1 – Workers' Compensation State Fee Schedule Adj
- 45 – Contract/legislative fee arrangement exceeded

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c) (1) states, "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."

28 Texas Administrative Code §133.307 (c)(1)(B) states, "(B) A request may be filed later than one year after the date(s) of service if: (i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability; (ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or (iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice."

The dates of the services in dispute are January 28, 2010 and January 29, 2010. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on March 24, 2011. This date is later than one year after the date(s) of service in dispute.

Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

_____	_____	October 17, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.